

TWENTY-NINTH ANNUAL REPORT

OF THE

BLOOMINGDALE ASYLUM

FOR

THE INSANE,

BEING FOR THE YEAR 1849.

BY C. H. NICHOLS, M. D.

PHYSICIAN TO THE ASYLUM.

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LUNATIC ASYLUM,
Bloomingdale, N. Y.

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PYSICIAN'S REPORT

TO THE GOVERNORS OF THE NEW-YORK HOSPITAL.

GENTLEMEN,

In the course of Providence it has become my duty to make the following "summary statement of all patients received, discharged, recovered, or who have died since the last Annual Report," emanating from the Asylum under your government.

	Males.	Fe- males.	Total
The number of patients remaining in the House on the 31st Dec. 1848, was.....	59	60	119
The number of admissions during the year 1849.....	58	37	95
Whole number of cases in the Asylum	117	97	214
The number of discharges during the year was.....	54	36	90
Of these were recovered	26	18	44
“ “ improved.....	17	16	33
“ “ unimproved.....	11	2	13
The deaths during the year were	13	8	21
Remaining in the Asylum at the end of the year.....	50	53	103

In the course of the year there were 6 re-admissions of those cases which remained in the Asylum at the expiration of last year, or were subsequently admitted; hence there were 89 additional persons received, and in all 208 different individuals in the care of the Institution during some part of the year.

Two cases of intemperance remained at the expiration of last year, and eight other persons of the same class have been admitted since; the year was, therefore, commenced with 117 persons whose disease was insanity proper, and 81 other persons with the same disease have been received since, making 198 insane persons who have enjoyed the benefits of the Asylum.

I have been thus particular in stating the number of distinct individuals that have been patients in the Asylum during the year, because, though it may have been mere inadvertance on the part of their authors,

I find in the composition of some of the reports which may have fallen under my observation, nothing inconsistent with the supposition, that 100 persons may have figured in double that number of admissions or cases, as a few *propria personæ* oftentimes manage by ingenious sleights of exit from the stage and re-entrance upon it, to represent many *dramatis personæ*.

I have also distinguished cases of delirium tremens and habitual inebriety from insanity proper, for no inferences respecting either disease could be drawn from numerical statements, which included cases of both. Though it is well known that all the common forms of mental derangement are often occasioned by intemperance, delirium tremens and habitual inebriety are not usually regarded as more allied to the first disease than the transient delirium of fever, or of intoxication by any agent, and the common view probably is, in most instances, the correct one, but the majority of the cases of this class received here—some of those just set aside are such—appear to me to trench so closely upon the borders of undoubted insanity, as to render it doubtful whether the distinction I have made is necessary or proper.

In nearly every case of intemperance, so called, received here, the habit has existed, either continuously or periodically, for many years, and the individual has suffered numerous attacks of delirium tremens, or other sickness arising from drink, and every means, but prolonged restraint, have been exhausted to induce him to forsake the path to destruction in which he has so far advanced, but in vain, and at last delirium and stolidity are the only varieties of mental condition known to his experience, and he is totally unable to protect his interests or his person.

Under appropriate medical treatment, and the disuse of the accustomed stimulant, all obvious delusions and incoherence pass off in the course of a few days or weeks; but no sooner does the victim of this all-ruinous indulgence escape from custody, than he rushes to the agent of his madness and misery, with a directness apparently as unhesitating and unsuspecting as that of instinct. His case soon becomes desperate, and again he is confined, and this alternation of liberty with drunkenness and restraint with sobriety continues, till death or chronic and usually incurable aberration of mind complete the ruin of the individual and relieve his friends from a prolonged tragedy, attended with an amount of disappointment, solicitude and fear which must be experienced to be comprehended.

The habit of intemperance is usually entered upon with the consent of a free will, and generally deserves to be treated as a vice; but my observations are confirmatory of the belief of Esquirol, Ray and others, that in the cases just described, a pathological state of the brain has been gradually induced, to which the will is wholly or in part subject, and I think Physicians and Magistrates need not scruple to grant the lunacy warrant which we require in every description of case received here.

As has been seen, a few cases only of intemperance are admitted here, great care being taken not to encroach upon the needed accommodations for the insane.

The difference between the number of admissions this year and last, is just about equal to the number of patients annually received from the neighboring state of New-Jersey, previous to the opening, in May, 1848, of an Asylum at Trenton. This will be rendered obvious by stating, that in both 1846 and 1847, forty patients each year were received into this Asylum from that State; in 1848, twenty-one, or about half as many as the year before that Asylum was opened, and this year three only have come to us from the source under consideration.

Ten years ago this was the only public Institution for the insane in the State, and received from all parts of the commonwealth, both the poor supported at public expense, and the rich, while there are now other public accommodations for at least 1000 persons deprived of reason.

The establishment of an Asylum for the Insane Poor of the City of New-York in 1839, the opening of the State Asylum at Utica in 1843, for all classes, paupers and indigent persons taking preference of all others, and the subsequent appearance of several county receptacles for lunatics, gradually withdrew the town and county patronage enjoyed by the Bloomingdale Asylum, till on the 8th of August, 1849, the only pauper in its care was removed, and no application has since been made for the admission of another case of the kind. This Institution continues, however, to admit patients at the same rate of board which it has heretofore charged corporate communities for the support of their poor, that rate being now, as it always has been, kept down to the smallest sum necessary to defray the actual current expenses of a system of treatment, that can in any reasonable sense be called curative; and in keeping a portion of its accommodations within the means of persons in quite limited pecuniary circumstances, I conceive that the Asylum is, in its sphere, doing quite as charitable an office, as in the

care of that class, whose unmistakable necessity the constituted guardians of the poor are not likely to overlook. But as the proportion of those who are able and willing to reward the Institution liberally for their support, has increased, it has become correspondingly necessary to afford more ample and highly furnished apartments, and to increase every kind of current outlay; and I am strongly of the impression, that a still further pursuance of this line of policy, will be wise as it respects the Asylum, and just as respects its inmates—the prosperity of the one and the welfare of the other being always identical.

In 1836, the average number of patients daily resident in the Asylum was $151\frac{3}{10}$, and the average number of paupers was $56\frac{3}{4}$, or more than one-third of the whole; but, though an additional building capable of accommodating about twenty inmates, was erected on the following year, the number estimated to be a compliment for the whole Institution, has gradually decreased, and, now the poor have been entirely withdrawn, I think time will show, that with the present number of officers, and arrangement of apartments, the average number, 112.69, daily under care, during the past year, is nearly as many as it will be desirable to receive.

Now that there are such ample and well-sustained provisions for the insane poor of every part of the State, the greater uniformity in education and means which has silently and passively, so far as the policy of the Asylum itself is, or has been concerned, taken place, and which seems likely hereafter to be even greater than is now the case, appears to me to be greatly to the advantage of those who have sought relief in other and cheaper, or gratuitous institutions, as well as of those who remain behind.

It is deemed of fundamental necessity, in every Asylum accommodating a considerable number of persons laboring under different degrees and forms of mental alienation, to divide them into families according to their condition of mind and habits of body, but in an Institution which receives persons differing greatly in education and refinement, and paying board at rates varying from the smallest sum that will procure the necessities of treatment, to that which will command almost every attention and luxury, unless the distinct suits of rooms are at least doubly greater than in any Asylum with which I am acquainted, a quiet but morbidly sensitive female, for instance, of the most refined habits and sentiments, whose comfort, if not convalescence, is as much the plaything of every circumstance about her, as a feather is of the

breeze, is liable to find herself linked in close companionship with another, whose perverted feelings, or disagreeable habits, are a source of perpetual discomfort, irritation and injury to her—because the one *pays* as much as the other; or, perhaps, fortune has put in the power of the most disagreeable patient, to pay the most money.

If I mistake not, an impairment of the moral, and an augmented energy of the selfish sentiments, are a much more common perversion of the human faculties, than a reverse state; and if it is impossible for sane people of widely different tastes and means, to associate agreeably together, no one need be surprised at the wounded pride and bitter envy, (letting alone violence to the nicer sensibilities, alluded to in the last paragraph,) which patients from the two extremes of society respectively experience when brought together into close, social proximity in an Asylum for the insane. I venture to say, that no one but those who have learned the lesson by experience, can fully appreciate the extreme embarrassment attending an effort to meet out even and satisfactory justice to a collection of lunatics associated together in the incongruous manner just indicated. A defective classification embarrasses the Director at every step, and defeats him at many. In short, a thorough classification in view of the most effective moral treatment, cannot, I think, be made except in the absence of all necessity of considering, or temptation to consider, the social position or wealth of those under care.

Of the forty-four *recoveries* which have occurred during the year, seven were cases of inebriety; and of the thirty-seven cases of insanity proper, twenty-seven had been deranged at the time of admission, less than six months, seven less than one year, and the remaining three less than two years. One resided in the Asylum less than one month; five, between one and two months; four, between two and three months; eight, between three and four months; seven, between four and five months; one, between five and six months; six, between six and nine months; two, between nine and twelve months; two, between twelve and fifteen months; and one, between thirty-five and thirty-six months.

Of the thirty-three cases discharged *improved*, ten had been deranged at the time of admission, less than six months; seven, between six and twelve months; two, between two and three years; nine, between three and four years; one, between four and five years; two, between five and six years; one, between eight and nine years; and one, more than ten years.

In the thirteen cases discharged *unimproved*, the disease had existed previous to admission, less than six months, in three cases; between six months and one year, in one case; between one and two years, in four; and between two and three years, in four cases; and in one instance, over ten years.

It has been common to make these annual statements of the results of management in retreats for the insane in tabular forms, with the view of elaborating a general expression of the facts which such extended fields of observation are supposed to furnish, but without, at this time, calling in question the usefulness of statistical formulas, designed to elucidate the laws of the disease causing mental derangement, each case of which is probably involved in many contingencies of which we are ignorant, and in others, which we know, but cannot control, it is hardly possible for me to conceive of a concurrence of events more difficult, or more unfit, to marshal into tables for any scientific purpose, than those which have occurred in this Institution during the past year.

The duration of residence in the Asylum of those who are supposed to have recovered, affords no clue to the average length of time required for the recovery of all of a considerable number of curable cases, but merely goes to show in how short a space of time the fortunate half or two-thirds of those capable of restoration, can be urged through the restorative process. Excluding cases of inebriety, and including deaths, there were $32\frac{69}{100}$ per cent. of recoveries on all discharged, and $53\frac{12}{100}$ per cent. on only the recent cases dismissed, but no greater error of justice or judgment could be committed, than that of supposing these per-centages have the remotest relation to either the skill and fidelity of the officers of the Asylum, or to the curability of insanity.

Esquirol calculates that if the treatment in a given number of cases be indefinitely continued, more cures are effected after the first year than sooner; and at the Retreat near York, where every patient is retained till he recovers, or ceases to give hopes of his recovery, thirty-five out of every hundred restorations, took place subsequent to the first year, and I believe it to be the opinion of every experienced observer in our own country, that the experiment of curability cannot be fairly tried in less than one year of treatment; but of those discharged as only improved, ten had not been in the House over three months, seven not over six months, six not over eleven months, and ten only more than one year; while of those who left the Institution without any mental change for the better having been effected, five had not

been under care over three months, five not over eleven months, and three only more than one year; and the most painful consideration in relation to the uncured discharges is, that those cases which had the shortest trial of restorative treatment, were generally those which warranted the strongest expectations of recovery under its sufficient continuance.

At least ten patients have been prematurely removed in consequence of the inability of themselves or friends to support them here longer, and none under our care have shared so largely in our sympathies as these. If the gratuitous support which the City and State Asylums afford, was immediately made available to them—though the removal would, of itself, often seriously compromise their recovery—we should have less to regret in parting with them; but if taken to another Asylum at all, it is not usually till after it is found impossible to keep them at home, and then it will often happen that time and change have obtained effectual mastery over nature and art. The bounty of the State enables the Institution to furnish accommodations at a low rate, but not gratuitously, and when the private means to which patients can lay claim are all exhausted, there is no alternative to their removal; and I would strongly advise, that patients should not be placed here, but be taken to a wholly gratuitous Institution, unless they or their friends have the means of continuing them under our care six months at least, should their restoration require that length of time.

The other principal cause of the many premature removals we have had to lament, is still more disheartening, for it appears to me to be one of the serious exhibitions of that blind, but well meant, habit of present indulgence which has neither the far-sight to devise, nor the resolution to execute, such a comprehensive system of denial and discipline, as will secure to the individual the greatest amount of happiness and usefulness through life, and most effectually fortify him against its sure vicissitudes and trials. One cause often seems to give rise to the disease, then to submit it to treatment too late, and, lastly, to remove it too soon. A kind-hearted father, for instance, indulges his son in follies, which, through many progressive steps, perhaps, lead to insanity, and the unfortunate young man is placed in our charge. In the course of a few weeks or months, he attains such a degree of calmness and reason, that when his attention is attracted by something unusual, or a strong motive is presented to him, he can, for a short time, exercise decent self-control, and at this stage of his recovery his parent visits him, and is

surprised to find him so well. During this short interview his conversation is coherent, and betrays no delusions, and there is nothing outrageous in his conduct. The son asks to go home, and earnestly pleads discontentment, confinement and many privations; he has never been denied a request in his life, and why should he now, especially when he is sick, and has unusual claims upon the sympathy of his natural protectors. If he is not entirely well now, the most difficult part of his treatment has surely been accomplished; and, certainly, a person appearing so well, can be managed, and the residue of his recovery effected by his friends at home. He is accordingly taken from us, just as we are about to realize the fruits of much severe and anxious labor. He rarely does fully recover, but, with his undisciplined thoughts and passions less under control than before, goes through life without real happiness, or usefulness, or honor. More probably he relapses; and if returned, we are obliged to go over the same tedious and difficult course again, and deem ourselves but too happy if we at last attain the end for which we have had a double race.

In other cases, people seem to commit their friends to our care, merely as an empirical experiment; and where there is not an enlightened faith, there is impatience and easy discouragement. If the patient is not well at the end of a few weeks or months, a fresh experiment must be tried, and so on till the friends so called, or their victim, are exhausted.

The resident officers have no personal monied interest in the number of patients in the Asylum, or the duration of their residence, and they therefore feel at liberty to speak plainly and earnestly upon a subject which so vitally concerns the welfare of those sufferers, the keenness of whose affliction is their inability to speak intelligently, and to act wisely for themselves. To all who contemplate placing their friends here, I would enjoin as a most sacred duty:—1st, that you convince yourselves of the superiority of Asylum over private treatment, which is as well established as any fact in science; 2d, that you fully satisfy yourselves that you can rely upon our skill and kindness; 3d, that, having concluded to commit the patient to our care, you leave him wholly to our will, and give us your enlightened and abiding confidence till we discharge him well. If you do this, we assure you in return, of the entire devotion of all our energies, and of our best wisdom to the welfare of those so dear to you; and our success will, in most cases, we trust, answer all reasonable expectations.

Of the deaths which occurred in the course of the year, four were from pulmonary consumption; two of a form of disease which is described by Dr. BELL, in the October No. of the *Journal of Insanity*, and may, perhaps, for convenience, be called typho-maniacal delirium; four with apoplectic symptoms, occasioned apparently by a sudden increase of old serous effusions into the intracranial cavities; three from very gradual exhaustion preceded by an attack of dysentery; four from still more gradual exhaustion attended with more or less diarrhœa; one from cancer; one from delirium tremens; and two by suicide. That the period of residence in the Asylum was from a single day to less than one month in eight cases, indicates the fact that many of the patients received during the year were, at the time of admission, suffering from dangerous, if not incurable, bodily maladies.

In the fact that among at least fifty persons with constitutions in a state of general decay, and offering but little resistance to epidemic agents, no case of Cholera occurred, and but few cases of Dysentery, though the former disease prevailed to some extent, and the latter very generally in the neighborhood, is abundant evidence, if any were needed, of the salubrity of the site of the Asylum. In three cases, fatality was remotely owing to dysentery; but in one of these, the bowel disease was the exciting cause of insanity, and occurred, of course, previous to the patient's admission.

In only two cases, then, did the disease causing or hastening death, originate here, and neither of these were in any probability curable, as it respects their insanity.

Taking all the individuals who have been inmates of the Asylum some portion of the past year into review, one had been laboring under mental derangement more than fifty years; six, more than forty years; five, more than thirty years; nineteen, more than twenty years; twenty-three, more than ten years; twenty, more than five years; twelve, more than four years; nine, more than three years; fifteen, more than two years; twenty-one, more than one year; twenty, more than six months; and forty-seven, less than six months; and of the latter sixty-seven cases, there were fourteen second attacks, eight third, three fourth, one seventh, and one ninth attack; leaving forty cases, or $20\frac{2}{3}$ per cent. of the whole, occurring for the first time, and not of more than one year's continuance.

It appears from much patient investigation into the morbid conditions of the brain, that the kind and degree of cerebral disease, causing or

attending uncomplicated insanity, are exceedingly variable, and it seems probable that the curability of mental derangement is in close accordance with such varying conditions of the immediate organ of the mind, but as it is usually very difficult to determine in a given case during life, anything more than probabilities in regard to the existence or degree of organic disease, it has not been attempted to base a prognostic classification of insanity strictly upon the absolute condition of the organ principally affected. Our classifications in reference to prognosis are founded rather upon *rational* signs, as the form of the disease, its complications, its duration, and the number of attacks the individual has suffered; and while the brain may suffer more serious lesions in one case of insanity of six months' duration, than in another of as many years' continuance, experience has shown, that, as a rule sufficiently general to be of considerable practical value, especially when applied to many cases aggregately considered, the functional disorder causing insanity does not, under the lapse of a year from its commencement, pass into an organic and incurable lesion.

Now the preceding statements and remarks are sufficient to make it understood, that, estimating the curability of insanity upon the circumstance of duration alone, there have been in the Asylum, during the year, one hundred and thirty-one chronic or incurable cases, and sixty-seven cases supposed to be recent or to justify expectations of recovery.

I have thus indulged a little in this path of inquiry, in order that the public—which, without explanation, would naturally look for cures in proportion to the number of persons under care—may not expect too much of us in the way of recoveries; that we may not be expected to cure what is incurable; and in order to introduce a few words upon the proper functions of an Asylum for the insane.

An Asylum, I take it, is for the sufferer who resorts to it, a place of retreat and security from the world, that, notwithstanding partial exceptions, is in its pursuits, its enjoyments and its hopes, rude and unsympathising towards the afflicted; and though Asylums for the insane are obliged from the character of the subjects they befriend, to exercise custodial powers, they should be regarded as in direct and extreme contrast to prisons, in which individuals are penally confined for the protection of society. On the other hand, many insane persons are always dangerous to others, while at large, and in apparently harmless cases, so capricious are their impulses, and sudden the change at times in the form of their malady, that the presence of a maniac, no matter how partial the disease, is scarcely ever without danger.

While then the most humane and efficiently restorative treatment of those who may be expected to recover from the loss of reason, must be considered as the first and highest office of an institution of this kind, that it furnishes a safe and comfortable retreat for the hopelessly afflicted, is scarcely less gladdening to the heart of the philanthropist. In almost every case of incurable as well as curable mental derangement, the welfare of the individual requires some abridgment of personal liberty; but when this is attempted by the sufferer's friends at home, the undertaking is almost always attended with the most painful difficulty on their part, and with great offence to him who fancies himself the victim of the most cruel oppression, and in consequence, experiences an aggravation of his malady and of his misery. Under the constant but gentle pressure of the mild discipline exercised by kind and experienced officers and attendants, in the classification, in the architectural arrangements, and in the appropriate amusements and exercises of a well conducted asylum, are alone to be found the combination of circumstances which, while they are most conducive to the restoration of the curable, are best calculated to smooth the path of those, the balance of whose way to the tomb lies in darkness and in tears. As long as death is not always nor most commonly the alternative to recovery in insanity, institutions for the protection and comfort, as well as the cure of the insane, will continue to have a large number of incurables in their custody; but to those who look most ardently for the happiest event of Asylum treatment, the presence of a considerable proportion of the less fortunate class of inmates should not be deemed objectionable. To most of the quiet, long domiciled patients in an asylum, its discipline has become an agreeable habit, and as new patients naturally imitate the ways of old ones, to the latter class are we often not a little indebted for materially promoting an acquiescence on the part of newcomers, in such measures as are designed for their good.

Again, in our religious exercises, in all our amusements, in the most effective plans of moral treatment—those in which our inmates themselves take an active share—our protracted residents are our main dependence, and in this respect they do their new friends an incalculable good.

It would appear then that the custodial is as legitimate as the curative function of an asylum, and but one degree less benevolent.

In this my first annual consultation with your Board of Governors, I may be expected to make some allusions to the plans of treatment I am

disposed to pursue. Under this head I have no original principle to offer, nor scarcely any novel application of old and well approved ones to recommend. I have been mainly content with those plans of management, the wisdom of which have been so fully confirmed in this and other kindred Institutions, feeling that he who is most diligent and skilful in adapting them to the exigencies of each case, will, in the end, meet with the greatest measure of success.

The city of New York and its environs, from which we derive a majority of our inmates, present, to a greater degree, perhaps, than any other city in the world, a population pressed to the extreme of human, mental and physical endurance in every sphere of exertion, and in every quality of pleasure and suffering. In a large proportion of the cases admitted since I became connected with the Institution, there have been evidences—not always, or generally, of a nosological disease, but palpable evidence, nevertheless—of an ill condition of constitution, arising from undue indulgence or exertion or deprivation, both in their many recognized and in their equally numerous unrecognized forms. In the class of cases here alluded to, medicines are often highly necessary, particularly during the early stages of their treatment, but the importance of devoting a large share of attention to their hygienic management, can hardly, I think, be over-estimated.

In the pursuit of the latter object, the spacious, elevated and elegantly cultivated grounds of the Institution, affording in their season an excellent and abundant supply of nearly every kind of cultivated vegetable, fruit and flower; the varied and beautiful scenery in the neighborhood; the abundant supply of pure water with conveniences for its use; horses and carriages for pleasure riding; bowling, bagatelle, quoits, and other games for exhilarating bodily exercise, have left me but few additional facilities to desire, and but little room to evade the responsibility of any failure to attain the ends they are capable of accomplishing.

It has struck me that there is a material difference in value of what may be termed, in reference to the individual under care, the *active* and the *passive* modes of *moral* treatment. An amusement, a lecture, or a religious exercise which a patient witnesses merely, will often attract his attention, and thus, in a greater or less degree, suspend those morbid modes of mental action it is our object to eradicate; but if he himself takes an active part in the exercise going forward, his interest is enlisted on more self-respecting, not to say ambitious grounds, and is therefore more awakening and absorbing; and as he has become an actor in

a scene which suffers more or less interruption, when he ceases to perform his part, the healthy mental effort is necessarily deeper, less divided, and more confirmatory of itself. In devising amusements for our patients, therefore, I have given preference to those in which they could participate as equals, if not principals. As for digestion it is better to walk than to ride, to saw wood than see it burn, so for the substitution of sound for deranged cerebral action, it is better that the patient should himself execute even poor music than hear the best executed by another; that he should constitute the eighth of a cotillion than be the mere spectator of a score; that he should read aloud to others than that he should be trusted to listen. This Asylum is in possession of nearly, if not quite, every facility for amusement known to such Institutions, which enables us to reap the great advantages of variety and novelty in awakening and sustaining the attention.

That the maintenance, as far as possible, of the self-respect of the unfortunate inmates of an Asylum for the Insane, should be a fundamental axiom in all their management, is no new proposition, nor is it one about which there is, to my knowledge, any difference of opinion. All experienced observers agree, that self-effort based on a sense and pride of character, is a most powerful auxiliary to the efforts of others, to raise and correct the deranged human understanding. Where it is not lost there is much on which to build, and where it has been regained there is every thing for which to hope.

To maintain the maximum of possible self-respect on the part of patients, the furniture of their rooms, their dress, their diet, their attendants, their companions, and all other personal contiguities, should be commensurate with their former habits and tastes, and those to whose care they are confided, should, under all circumstances, treat them with the respect and sincerity due to persons who are sane and responsible for good actions.

Any deficiency in these conditions is noticed and felt by them, even when so slight as to be entirely overlooked by others; but nothing, nor all other things, so far relieves that depressing suspicion of impaired confidence and prospects which they are apt to indulge, as the kind and respectful deportment towards them of those to whose protection and defence they feel themselves consigned. While firmness is a panoply which the Director of the insane can never lay off, it should not be exhibited needlessly nor ostentatiously—it will often have a better effect to express surprise that a patient should do wrong, than to com-

mand him to do right—but between the two extremes of austerity and trifling familiarity, when either is pursued without discrimination, I see but little to choose. “Familiarity breeds contempt,” and is a liberty cautiously exercised towards those who are held in high esteem. This the insane understand as well as we. It rarely fails to foster the jealousy and coquetry of a female, whose prudence is impaired by disease, to humor them with a joke, but such is not usually, by any means, the worst consequence; a saner and more nicely sensitive companion, who felt the moment she had entered the house and will continue to feel as long as she remains in it, a lively *esprit de corps*, listens with a sense of injury as deep as though an indignity were offered directly to herself.

Prudence in word and deed is, it seems to me, the virtue to be particularly aimed at by the most of those who have intercourse with the insane; the more positive graces of address can rarely be attempted with safety, except by those who have had much experience with mind diseased, and who are familiar with the particular cases under care.

Indeed, the best possible personal bearing towards the insane; as a mere intellectual accomplishment, is as difficult to attain as it is desirable, and its practice can be unremittingly sustained only by religiously endeavoring to do unto them as we would that they in reversed circumstances should do unto us.

Religious services on the Sabbath have been continued throughout the year under the most acceptable direction of the Rev. Wm. Richmond, and attended by a majority of the inmates of the Institution, upon whom their influence has been in a high degree salutary. Those civil fasts and festivals usually celebrated by religious exercises, have also been carefully observed.

It is true that forms of insanity are frequently occurring in which any allusion to the subject of religion proves exciting and detrimental, and religious delusions are almost invariably confirmed rather than weakened by argument; but it has appeared to me, that in the great majority of cases of the kind no harm has arisen from the temperate exposition of the general doctrines, duties and consolations of the Gospel. Several cases of religious despair that recovered rapidly, attended chapel exercises every Sabbath while in the Asylum.

Our chapel choir is composed of patients, officers and attendants, and, with a view of improving the character and interest of its performances, a “singing school” was instituted early in the autumn under

the instruction of a competent person, and attended by nearly every individual in the house who had any skill or taste in vocal music. Besides improving old performers and bringing out and harmonizing from among many permanent residents several voices whose capabilities had lain dormant, and thus effecting the object first had in view, we are convinced that this school has been a happy and material auxiliary in effecting several restorations.

The never omitted and never lightly passed over weekly visit of some portion, or the whole of the Committee to whom you have delegated the general management of this Institution, with their monthly reports to you of its condition and progress, seems to render any further details respecting its administration quite unnecessary.

The remarks here made concerning the general policy of this and kindred Asylums, and the welfare of the class of persons they are designed to benefit, are respectfully commended to your consideration.

C. H. NICHOLS.

Bloomington Asylum, for the Insane,)
December 31st 1849. }

APPENDIX.

IN accordance with the Revised Statutes of this State, it is necessary, before a patient can be admitted into the Bloomingdale Asylum, that a Lunacy Warrant from any two Justices of the Peace or Police Magistrates, issued upon the evidence of two reputable Physicians as to the alleged fact of insanity, be procured; and also a permit from one of the Asylum Committee, with whom the payment of board, (which is always in advance) must be arranged.

In case of the removal of a patient by his friends in less than three months from the time of admission, unless sooner cured, board will be charged for an entire quarter;—if recovered, or removed with the advice of the Physician, board for actual time of residence only is required. In cases of Delirium Tremens none of the first quarter's advance is ever returned.

It is the universal testimony of the insane, both during their affliction and after their recovery, that they should feel much better satisfied had force (persuasion on full trial failing), rather than stratagem, been used to induce them to leave home. Once deceived, their suspicions and prejudices are ever on the alert, and it is difficult again to acquire that confidence essential to a proper influence over them.

All persons who have had much experience with the insane agree, that the visits of their friends, almost invariably, do those under curative treatment great injury, and while full and accurate information in regard to the state of patients may be obtained by inquiry, it is considered that the Physician has the same discretion to decline proposed visits to any patient, as he has in prescribing or withholding medicine.

No visits to the Asylum are permitted on Sundays.

It is desired that the best wearing apparel of patients should be sent with them. When not needed it will be carefully preserved; but at that stage of their recovery when they are allowed to ride, walk, attend chapel, &c., their self-respect has enough unavoidable trials to sustain without the unnecessary one of indifferent clothing.

Large rooms and private attendants can always be furnished, when desired by the friends of patients.

Application for the admission of patients, if made by letter, should be addressed to the Physician; if otherwise, to one of the Asylum Committee.

Letters and packages for either Officers, patients or attendants, left at the New-York Hospital, Broadway, New-York, will duly reach the Asylum.

